



**North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities and Substance Abuse Services**

**State Consumer and Family Advisory Committee**

Advocacy and Customer Service Section

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Beverly Eaves Perdue, Governor  
Lanier M. Cansler, Secretary

Leza Wainwright, Director  
Ron Kendrick, SCFAC Chair  
Wilda Brown, Vice Chair

March 24, 2010

Dear Secretary Cansler,

The State Consumer and Family Advisory Committee (SCFAC) would like to thank you for your interest in SCFAC recommendations. This annual report summarizes our activities during the past year. As you know, the State CFAC was codified in Session Law 2006-142 Section 5 House Bill 2077 (now NCGS 122C-170) and is a 21 member, self-governing and self-directed organization that advises the Department of Health and Human Services and the General Assembly on the planning and management of the State's public mental health, developmental disabilities and substance abuse service system.

NCGS 122C-170 requires the SCFAC members to produce the following deliverables:

1. Review, comment on, and monitor the implementation of the State Plan for Mental Health, Developmental Disabilities, and Substance Abuse Services (see Appendix B).
2. Identify service gaps and underserved populations (see Appendix C).
3. Make recommendations regarding the service array and monitor the development of additional services (see Appendix C).
4. Review and comment on the State budget for mental health, developmental disabilities, and substance abuse services (see Appendix A).
5. Participate in all quality improvement measures and performance indicators (see Appendix C).
6. Receive the findings and recommendations by local CFACs regarding ways to improve the delivery of mental health, developmental disabilities, and substance abuse services (see Appendix D).
7. Provide technical assistance to local CFACs in implementing their duties (see Appendix D).

During the year we conducted an internal effectiveness review and as a result we developed task teams to focus efforts on our statutory responsibilities:

- **SCFAC BUDGET TASK TEAM (*Appendix A*)**
  - Monitor the State budget.
- **SCFAC PLANS TASK TEAM (*Appendix B*)**
  - Monitor the goals of the State Plan.
- **SCFAC SERVICES TASK TEAM (*Appendix C*)**
  - Identify service gaps and underserved populations.



- Make recommendations regarding the service array.
- Monitor the development of additional services.
- Participate in all quality improvement measures and performance indicators.

➤ **SCFAC/LCFAC INTERFACE TASK TEAM (*Appendix D*)**

- Receive the findings and recommendations by local CFACs regarding ways to improve the delivery of services.
- Provide technical assistance to local CFACs.

The State CFAC has followed through on significant activities since January 2009. Following is an overview of these accomplishments:

*The Committee Structure*

- SCFAC members have developed operating standards and procedures for each task team and have assigned a chair to oversee responsibilities associated with each team.
- The committee reviewed their own meeting expenses and agreed to decrease meeting frequency in order to assist with the budget crisis. The committee now meets 6 times per year, and utilizes electronic means to stay connected in between meetings. Division staff provides updates of Department and Division activities on alternate months.
- SCFAC members continue to review their bylaws and make revisions as necessary, so that the committee adheres to its governing document.
- The State CFAC website continues to be updated regularly with meeting times and locations, agendas, minutes, membership and contact information, foundation documents, reports and other information regarding the committee [www.dhhs.state.nc.us/mhddsas/scfac/index.htm](http://www.dhhs.state.nc.us/mhddsas/scfac/index.htm).

*Workgroup Initiatives & SCFAC Presentations*

- Members of the State CFAC continue to participate on a number of Division projects, workgroups and committees such as the Executive Leadership Team, Community Support workgroup, Case Management workgroup, DMH/DD/SAS NC Open Window Content Work Group, Child Residential workgroup, Community Resource Consultant (CRC) review, External Advisory Team and Staff Qualifications Workgroup.
- One of the SCFAC statutory responsibilities is to advise the General Assembly, so SCFAC members have been working on developing relationships with their respective Representatives and Senators.
- SCFAC members regularly attend the LOC meetings; the Task Teams have made three presentations to the LOC addressing current issues and concerns.

*SCFAC Recommendations & Advice*

- The SCFAC has provided advice and recommendations to the Division on a variety of issues and topics including: Access to Services, Staff Competency requirements, Utilization Management, Workforce Development, Medicaid Waiver, Budget and Finance issues, Peer Support Service (PSS) definition, Case Management initiatives, Community Support Services, LME Fund Balances, and 3 way Hospital Contracts.
- SCFAC members developed an official position statement concerning the 2009-2011 budget reductions and distributed it to the Senate and House Conference Conferees. In addition, the letter was formatted as a template and sent to the local CFACs to discuss locally.
- Per statutory requirements, the State CFAC has provided technical support to local CFACs regarding system issues and continually encourages local CFAC members to submit system and policy issues and to attend SCFAC meetings.
- Several State CFAC members met with and Representative Verla Insko and Vickie Smith, Director, North Carolina Disability Rights, to discuss suggested changes to the current statute for local CFACs and the SCFAC.
- SCFAC members developed a position statement on the NAMI's *Grading the States 2009* Report and



distributed the letter to NAMI National, NAMI NC, the General Assembly, Secretary Lanier Cansler, and the Division of MH/DD/SAS Executive Leadership Team.

- The State CFAC published the *Local CFAC to SCFAC Survey* results which summarized the findings and recommendations of the local CFACs regarding ways to improve the delivery of mental health, developmental disabilities and substance abuse services.
- State CFAC provided input to the Division regarding the progress on the State Strategic Plan: 2007-2010. The Plans Task Team continues to provide advice and recommendations to Rebecca Carina, DMH/DD/SAS Planning Team Leader, regarding the strategic plan.
- State CFAC members provided input to the Gaps Analysis Report developed by Division Quality Management staff. The report will be distributed to the Legislative Oversight Committee.
- The State CFAC provided input to the Division in its response to the elimination of Community Support Services.
- SCFAC members developed a letter of recommendation to the General Assembly (GA) concerning the Conference Committee Report, Senate Bill 202.
- Leza Wainwright provided SCFAC members with the 2009-2011 Enacted Budget Excerpts of Interest to DMH/DD/SAS. The SCFAC members were provided a detailed explanation of the reductions and increases within the Division of MH/DD/SAS.
- The SCFAC Services Task Team offered the LOC recommendations regarding services and development of additional services.
- State CFAC members provided input to the development of the Peer Support Specialist and Peer Support Certification process.
- The SCFAC, both as a group and individually, is committed to offering advice on various system issues. Therefore, SCFAC members have been working to establish a method of communication with their respective Senators, Representatives, and County Commissioners. This dialogue will allow members to build a relationship in hopes of better serving the local needs of the people by providing community feedback.
- The SCFAC has been instrumental in providing advice and recommendations regarding the CAP MR/DD Tiered Waivers, and strongly suggests that the funding be maintained to assist those in need.

### *Division Presentations*

- Secretary Lanier Cansler met with SCFAC members and provided input on numerous topics relative to the reform and the service system. In addition, SCFAC members advised the Secretary on issues that impact the service system:
  - Increase main funding sources despite the economic crisis.
  - Eliminate duplication, waste, and abuse of the system.
  - Enhance accountability with appropriate level of authorities.
  - Increase penetration rates to get information to people served.
  - Increase consumer involvement.
  - Development of Peer Support Programs with funding.
  - Clinicians held accountable for fidelity with evidenced-based best practices.
- Mike Watson, Assistant Secretary, met with SCFAC in March 2010, to provide an update on current system issues.
- Bill Scott, Budget and Finance Team Leader, provided SCFAC members with training on *How to Read a Financial Statement*. In addition, Jim Jarrard, Chief Resource Regulatory Management presented training on LME Fund Balance as requested by SCFAC.
- SCFAC members were instrumental in providing advice and recommendations to Flo Stein, Chief of Community Policy Management, who presented information on *The Publicly-Funded Substance Abuse Recovery Oriented System of Care*.
- Wendi McDaniel, State Facilities Advocates Team Leader, presented information on advocacy in the state facilities.
- Rebecca Carina, Planning Team Leader, presented the ACCESS Flowchart Plans Task Team with several Gantt Charts summarizing the 2007-2010 State Strategic Plans and accomplishments.



- SCFAC members have been provided on-going information on the development of the Medicaid Waiver proposal that was submitted to the Centers for Medicare and Medicaid (CMS) in December 2009. In addition, Ken Marsh and Kelly Crosbie recently presented a Medicaid Waiver PowerPoint Presentation at the January 2010 SCFAC meeting. The SCFAC committee members will be more involved in the implementation of the waiver and will receive regular updates on the development of the Waiver project whenever asked over the course of the year.

### *Major Issues of Concern*

- *Accountability on a system wide basis.*
- *Reporting structure between the service entities*
  - *The connection between the LME and State Hospitals*
  - *The connection or lack there of between LME and LME*
  - *The connection between Division and LME*
- *Lack of adequate funding*
- *Low penetration rates (see Appendix E)*
- *Elimination of waste and abuse.*
- *Gaps in Services (see Appendix C).*

We would like to thank the Department of Health and Human Services (DHHS) and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services for the support and partnership that has existed this past year.

Leza Wainwright, Director of the Division of MH/DD/SAS, has met with us at SCFAC meetings and continues to encourage us to bring forth any issues or concerns necessary for discussion. Leza has been instrumental in ensuring that the SCFAC is updated on critical issues and the future direction of the Division of MH/DD/SAS.

The SCFAC members would like to personally thank Stuart Berde, Cathy Kocian and Jesse Sowa for the superb support they have provided to us so that we can function successfully as an advisory committee.

The SCFAC Chair and Vice Chair are especially grateful to the State Consumer and Family Advisory Committee members for their dedication to increase awareness and provide advice and recommendations that will improve the system of services to people with disabilities in North Carolina.

In conclusion, the SCFAC would like to thank all system leaders and members for their dedicated service to us and those we represent. We greatly appreciate the opportunity to provide input and offer recommendations. We would welcome any directional feedback that you may make.

Sincerely,

  
Ron Kendrick  
SCFAC Chair

  
Wilda Brown  
SCFAC Vice Chair

cc: General Assembly  
State CFAC Appointing Authorities  
Division of MH/DD/SAS Executive Leadership Team



**SCFAC BUDGET TASK TEAM  
2009 ANNUAL REPORT**

**CHARTER**

To understand and monitor the State budget in order to advise the division on current and future budget allocations per each disability and in its entirety.

**MEMBERS**

Nancy Black, Chair

Wilda Brown

Ron Kendrick

Carl Noyes

**ACCOMPLISHMENTS:**

- Working with Bill Scott, the Division Budget & Finance Team Leader, we developed a training module on “How to Read a Basic Budget” and “How to Read an LME Budget”. Bill presented the training session to the SCFAC.
- The module is intended to be distributed to the local CFAC through the SCFAC/LCFAC Interface Task Team.
- SCFAC composed a letter for each member to send to their local state officials during the final days of the budget negotiations.

**CONCERNS:**

- Concern was expressed during the budget crisis over the \$22 million fund balance.
- Concern for elimination of seed money.
- Concern that single stream funding will be appropriated among all disability groups.
- Concern that in difficult financial times that the dollars are appropriated to those who are most in need.

**SUGGESTIONS:**

- It is recommended that the CFAC review the LME Annual Audit.
- The Division should review the Annual Medicaid audit with the SCFAC.



**SCFAC PLANS TASK TEAM  
2009 ANNUAL REPORT**

**CHARTER**

To monitor the goals of the State Plan and to ensure that they are met in a timely manner. This will be accomplished by monthly email progress reports from the State's responsible party.

**MEMBERS**

Renee Sisk, Chair  
Pamela Chevalier  
Zack Commander  
Frank Edwards  
Paul Russ

**ACCOMPLISHMENTS:**

- Worked with Rebecca Carina, Planning Team Leader, on updates regarding the strategic planning within the Division.
- Team members provided input on the Division's strategic planning Gantt charts which were developed in order to monitor progress made on all the milestones.
- Reviewed the State Fiscal Year 2009 Performance Contract (PC) Report.
- Regularly reviewed the Division's Quality Management reports as they were released.

**CONCERNS:**

- Due to budget constraints and cut backs, concern about enough available housing for consumers.
- Concern that outreach to homeless individuals will be curtailed.
- Concern that the present economy will limit educational and job placements for young consumers.
- Concern that budget constraints will hinder needy consumers receiving treatment they need.
- Concern that the State Strategic Plan will have to be revised down or suspended until more funds are available.

**SUGGESTIONS:**

- Recommend that the Strategic Plan be reprioritized to comply with less funding.
- Recommend semi-annual meetings with Ms. Carina and her staff to discuss progress.
- Recommend SCFAC and Plans office have more regular, informal communication.



## Appendix C

### SCFAC SERVICES TASK TEAM 2009 ANNUAL REPORT

#### CHARTER

To understand the statute S.L.2006-142 Section 5

**#2: Identify service gaps and underserved population,**

**#3: Make recommendations regarding the service array and monitor the development of additional services, and**

**#5: Participate in all quality improvement measures and performance indicators,** in order to advise the Secretary, the LOC, and the appropriate division leadership and/or departments.

#### MEMBERS

Andrea Stevens, Chair

Marianne Clayter

Bill Cook

Frank Edwards

Libby Jones

Laura Keeney

Carl Noyes

Amelia Thorpe

Glenda Woodson

#### ACCOMPLISHMENTS:

- Review Community Needs Assessments in various LME Local Business Plans.
- Review and monitor CFAC to State CFAC annual survey.
- Wrote advisory report pertinent to gaps in services, to LOC Co-Chairs Verla Insko and Martin Nesbit, Secretary Lanier Cansler, Division Director Leza Wainwright, and others.

#### CONCERNS:

- The departments and individuals making pertinent decisions for service delivery lack attentiveness to the relationship between consumer and provider. This relationship is conducive to recovery and the maintenance of habilitation skills. It is often disregarded when decisions are made for the service delivery system.
- We have gained more control over and with self direction. We have gotten good at person centered thinking and plans. However, we are not good at changing business practices to fit the plans.

#### SUGGESTIONS:

##### **Statute #2: Identify service gaps and underserved populations.**

- Utilize data obtained from the CFAC to SCFAC survey.
- Review LME's local business plans.
- Rely on data, practical experience and input from collaborative partnerships.

##### **Statute #3: Make recommendations regarding the service array and monitor the development of additional services.**

- Gather and review information from data, practical experience and input from local CFAC's.
- Review and monitor QM's data reports on consumer outcomes.
- Listen to personal experiences and seek input from collaborative partnerships.
- Review, discuss, and provide input on all service definition updates.

##### **Statute #5: Participate in all quality improvement measures and performance indicators.**

- Collaborate with QM to track satisfaction with services and service outcomes.
- Become familiar with reports and what they contain.
- Review the information periodically.
- Set priorities to address and track.
- Seek assistance, if needed, to understand the scope and limitations of data.
- Engage the system to make the changes that are needed.
- Assist in improving the quality of data.
- Suggest other measures that seem important to be considered.

***Report all findings back to committee at large. Provide written advisory reports to the Secretary, LOC and appropriate division leadership and/or departments.***



**SCFAC/LCFAC INTERFACE TASK TEAM**  
**2009 ANNUAL REPORT**

**CHARTER**

To receive the findings and recommendations by local CFACs regarding ways to improve the delivery of mental health, developmental disabilities, and substance abuse services and to provide “technical assistance” as defined by the SCFAC to LCFACs according to statutory responsibility.

**MEMBERS**

Kathy Crocker, Chair  
Terry Burgess  
Gladys Christian  
David Taylor, Jr.  
Rosemary Weaver

**ACCOMPLISHMENTS:**

- Created 2009 LCFAC to SCFAC Survey via Survey Monkey.
- Opened Survey up for responses May 2009.
- Collected Responses, last response received 8/30/09.
- Presented initial Report Response Summary to SCFAC.
- Formulated “Top 5 Recommendations”
- Submitted “Top 5 Recommendations” to ELT.
- Submitted “Top 5 Recommendations” to Rep. Verla Insko.
- Received placement on LOC Agenda to present Survey findings.
- Presented Survey findings to LOC.
- Created Final Survey Report.
- 2009 LCFAC to SCFAC Survey fulfilled four of the seven statutory responsibilities, namely:
  - *Identify service gaps and underserved populations.*
  - *Make recommendations regarding the service array and monitor the development of additional services.*
  - *Receive the findings and recommendations by local CFACs regarding ways to improve the delivery of MH/DD/SA services.*
  - *Provide technical assistance to local CFAC’s in implementing their duties.*

**CONCERNS:**

- LCFAC’s still feel SCFAC is not providing them what they need.
- Some LCFAC’s are not getting the support and cooperation from the LME.

**SUGGESTIONS / NEXT STEPS:**

- Send Final Survey Report to LCFAC’s, LME’s, General Assembly / LOC and Secretary Cansler.
- Task Team needs to identify LCFAC’s who responded negatively to Survey questions and direct them to the appropriate entity; i.e. LME, Division or SCFAC.
- Task Team will address concerns from LCFAC’s that meet the “technical assistance” definition criteria.
- Receive training module on “How to Read a Basic Budget” and “How to Read an LME Budget” from the SCFAC Budget Task Team and provide it as “technical assistance” to the LCFACs.
- Create next year's survey taking into consideration suggestions made by LCFACs and SCFAC.





**LOW PENETRATION RATES**

The Statewide data for persons served by age and disability during July 2008-June 2009 are as follows:

- Youth (under age 18)
  1. Substance Abuse 856 persons
  2. Developmental Disabilities 4,128 persons
  3. Mental Health 89,470 persons
  4. Dual MH/SA 2,896 persons
  5. Dual MH/DD 7,298 persons
  6. Dual DD/SA 8 persons
  7. MH/DD/SA 98 persons
- Adult (age 18 and over)
  1. Substance Abuse 21,351 persons
  2. Developmental Disabilities 8,736 persons
  3. Mental Health 122,523 persons
  4. Dual MH/SA 31,174 persons
  5. Dual MH/DD 11,210 persons
  6. Dual DD/SA 91 persons
  7. MH/DD/SA 717 persons

Total = 104,754

Total = 195,802

These numbers represent an increase in youth and adults served over the prior state fiscal year.

- The Community Systems Progress report for the 1st Quarter 2009-2010 revealed the following information concerning individuals in need of services for Child and Adult populations:
  - Child MH: 204,914 persons were in need of services and 98,426 individuals were served. The percent of population in need that received a service was 48%.
  - Child DD: 54,629 persons were in need of services and 11,376 individuals were served. The percent of population in need that received a service was 21%.
  - Child SA: 47,041 persons were in need of services and 3,770 individuals were served. The percent of population in need that received a service was 8%.
  - Adult MH: 356,056 persons were in need of services and 158,786 individuals were served. The percent of population in need that received a service was 45%.
  - Adult DD: 51,727 persons were in need of services and 20,097 individuals were served. The percent of population in need that received a service was 39%.
  - Adult SA: 559,826 persons were in need of services and 50,560 individuals were served. The percent of population in need that received a service was 9%.

The number of persons in need is an estimate of everyone in NC who is likely to need MH/DD/SA services. It was calculated by multiplying the most current available statewide prevalence rates for NC for MH, DD, and SA by the July 2009 county population projections for each relevant age group for each county in each LME's catchment area.

Persons served only includes persons whose services were paid by Medicaid and State-Funds through the Integrated Payment Reporting System. These numbers do not include persons who might have received services paid for by other payers outside of the state Unit Cost Reimbursement (UCR) system, such as those receiving grant-funded SA services, some geriatric services, and some services to persons as an alternative to incarceration. The state UCR system also does not include persons whose services are paid by Medicare, Health Choice, Tri-Care, county funds, other federal, state, and local agencies, private insurance, and private funds. Therefore, we would not expect 100% of the population in need to be served by the public community MH/DD/SAS system.

Persons served reported in the Community Systems Progress Report is based on claims that were paid as of the end of October 2009, which is four months after the end of the one-year period in the report. It is important to remember that Medicaid allows service providers to submit claims up to one-year after the service is provided, so the data may not yet be complete. The actual number of persons served may end up being slightly higher after all claims are ultimately paid.

